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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/633,037	08/04/2000	Yun-Wu Huang	YOR9-1999-0457-US1	2338

7590 02/14/2005  
William E Lewis  
Ryan & Mason LLP  
90 Forest Avenue  
Locust Valley, NY 11560

EXAMINER

STEELMAN, MARY J

ART UNIT	PAPER NUMBER
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2122

DATE MAILED: 02/14/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Interview Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	09/633,037	HUANG ET AL.	
	<b>Examiner</b>	<b>Art Unit</b>	
	Mary J. Steelman	2122	

All participants (applicant, applicant's representative, PTO personnel):

(1) Mary J. Steelman.

(3) \_\_\_\_\_.

(2) William Lewis, Reg. No 39,274.

(4) \_\_\_\_\_.

Date of Interview: 08 February 2005.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1-6.

Identification of prior art discussed: \_\_\_\_\_.

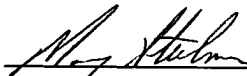
Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner received clarification of claim limitations: 'non-web browser context-based operating system resources', 'web browser context-based operating system resources', and other similar phrases.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

2-8-05  
 Examiner  
Examiner's signature, if required